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## OLR Bill Analysis

### HB 6684

#### ***AN ACT CONCERNING THE ESTABLISHMENT OF AN INTAKE, REFERRAL AND INTERVENTION SYSTEM RELATING TO THE PROVISION AND DELIVERY OF MENTAL HEALTH SERVICES.***

#### **SUMMARY:**

This bill requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to establish an intake, referral, and intervention system by January 1, 2014. The system must be accessible to anyone who is eligible for DMHAS services (see BACKGROUND) and whose treatment history shows that:

1. the person's mental health treatment needs have not been adequately addressed by the service delivery system and
2. he or she has not remained actively engaged in receiving necessary mental health treatment.

The bill specifies several components and services the commissioner must include in designing the system, including provisions relating to outreach in probate courts, peer support, housing, respite services, and advance directives.

EFFECTIVE DATE: July 1, 2013

#### **DMHAS INTAKE, REFERRAL AND INTERVENTION SYSTEM**

##### ***Required Components of Program***

The bill sets several requirements for the DMHAS commissioner in designing the intake, referral, and intervention system, set forth below. DMHAS currently operates several programs that overlap with the bill's requirements; some examples are mentioned below.

***Probate Court Outreach.*** Under the bill, in collaboration with the probate court administrator, the commissioner must assign DMHAS

staff to attend probate court proceedings in the probate districts serving Hartford, Middletown, and New Haven, and other probate districts the commissioner selects. These staff must meet with anyone eligible for services made available through the intake, referral, and intervention system established by the bill. The staff must also link such people to services, including housing, peer support, and other appropriate services to meet their needs.

**Peer Support.** The bill requires the commissioner to develop and implement a peer support program. The program must promote ongoing intervention with people who have not consistently engaged in obtaining mental health treatment services to establish supportive relationships that continue after they are discharged from a hospital or treatment facility. The program must also reach people in the community who have not consistently engaged in obtaining such services, to establish supportive relationships for them and link them to appropriate services. (DMHAS currently operates programs providing peer support in various contexts.)

**Housing.** The bill requires the commissioner to expand access to housing alternatives, using the Housing First model for people with a history of refusing mental health services, in combination with outreach and services provided by Assertive Community Treatment (ACT) teams (see BACKGROUND). (DMHAS has implemented a Housing First program in New Haven and Hartford and currently operates four ACT teams, in Manchester, Middletown, New Britain, and Norwich.)

**Respite.** The bill requires the commissioner to promote expanded access to respite services as an alternative to emergency room and hospital-based services.

**Advance Directives.** Finally, the commissioner must collaborate with service providers and mental health treatment advocates to increase awareness about DMHAS clients' use of advance directives. She must also provide referral services to DMHAS clients relating to preparing advance directives. (Advance directives allow someone to

direct their desires for health care decisions or appoint someone to make health care decisions on the person's behalf in the event of future incapacity.)

## **BACKGROUND**

### ***DMHAS' Service Mandate***

DMHAS' mandate is to serve adults (age 18 and older) with mental health and substance abuse disorders who lack the financial means to obtain such services on their own. The department also provides collaborative services for other people with various special needs.

### ***Housing First and Assertive Community Treatment (ACT)***

The Housing First model advocates moving homeless people directly into independent housing, and then offering support services, including mental health services, as needed. The model was developed by Pathways to Housing, a nonprofit organization.

ACT is a community-based practice in which multi-disciplinary treatment teams provide a comprehensive array of services to people with severe mental illness.

### ***Related Act***

PA 13-3 (SB 1160, § 66), signed by the governor on April 4, 2013, created a 20-member task force to study the provision of behavioral health services in Connecticut, with particular focus on providing such services to 16- to 25-year-olds. The task force must analyze and make recommendations in numerous areas, including improving behavioral health screening, early intervention, and treatment. The task force must report on its recommendations by February 1, 2014.

The act (§ 67) requires the DMHAS commissioner to implement an ACT program in three cities that, on June 30, 2013, do not have such a program. The act (§ 68) also requires her to provide case management and care coordination services to up to 100 people with mental illness who are involved in the probate court system and who, on June 30, 2013, are not receiving these services.

**COMMITTEE ACTION**

Judiciary Committee

Joint Favorable

Yea     41     Nay   0     (04/19/2013)